



## **Application for Zoning Ordinance Text Amendment**

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Please complete all the information on this form and return it with the appropriate fee to the Village Office. To be Considered, all statements and accompanying materials must be complete and accurate. Note, errors and omissions will result in delays and the possible necessity of additional public hearings and additional fees to be paid by the Owner and/or Authorized Agent.

Copies must be submitted to the Zoning Administrator no later than four (4) weeks prior to the hearing date.

The Village Council will hold a public hearing for all zoning text amendment requests and evaluate each request using the following criteria from the Village of Webberville Zoning Ordinance.

1. The proposed text amendment would clarify the intent of the ordinance.
2. The proposed text amendment would correct an error or oversight in the ordinance.
3. The proposed text amendment would address changes to the State legislation, recent case law or opinions from the Attorney General of the state of Michigan.
4. The proposed text amendment would promote compliance with changes in other County, State or Federal regulations.
5. In the event the amendment will add a use to a district, that use shall be fully consistent with the intent of the district and the character of the range of uses provided for within the district.
6. The amendment will not create incompatible land use within a zoning district, or between adjacent districts.
7. The proposed text amendment is supported by the findings of reports, studies, or other documentation on functional requirements, contemporary building practices, environmental requirements and similar technical items.
8. As applicable, the proposed change shall be consistent with the Villages' ability to provide adequate public facilities and services.
9. The proposed change shall be consistent with the township's desire to protect the public health, safety, and welfare of the community.

The proponents are expected to attend the public hearing at which their request is considered. The Village Council will hold a public hearing on the amendment. If the amendments are adopted by the Village Council; they usually become law 30 days after the village Council's action.

Contact Information (Please print or type):

Name of Applicant(s) Requesting Change: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person if different than applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Text Change Request** (Please print or type):

What specific section(s) of the zoning ordinance is proposed to be changed?

\_\_\_\_\_

Reason(s) for the requested change(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Change(s) (if more space is needed, attach another sheet of paper):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rest with the applicant.

Name (printed name of applicant): \_\_\_\_\_

Signature (applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Received By: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Ck #: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk/Treasurer Signature (After Reviewed): \_\_\_\_\_

Date: \_\_\_\_\_

Public Hearing Set: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_